

ISSUE STATE STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		40	12/3/01
FORMALITY REVIEW	CH	1109	12-05-01
RESPONSE FORMALITY REVIEW	#1	825	3/28/02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted

N Non-Intest
 I Incomplete
 A Appeal
 O Objected

BEST AVAILABLE COPY

Claim	Date
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30-571
 03/29/02

If more than 150 claims or 10 actions
 staple additional sheet here

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